

|   |  |  |                    |   |  |  |             |  |                  |                         |  |
|---|--|--|--------------------|---|--|--|-------------|--|------------------|-------------------------|--|
| 1. Application Date<br>12-7-71  |  | INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer. |                    | FOR RECORDS MANAGEMENT DIVISION USE<br>Date Received      Application No.      Date Completed<br><b>JAN 3 1972</b> 54 <b>JAN 4 1972</b> |  |  |             |  |                  |                         |  |
| 2. Agency Application No.<br>GDPH-D-3   |  |  |                    |   |  | 4. Person to Contact<br><br>Douglas M. Haire |             | 5. Working Title<br>Records Management |                  | 6. Tel. No.<br>656-4760 |  |
| 3. AGENCY, Division, Subdivision & Administering Office Address<br>Georgia Department of Public Health<br>47 Trinity Avenue<br>Atlanta, Georgia   |  |  |                    |   |  |  |             |  |                  |                         |  |
| 7. ACTION REQUESTED<br><input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD;<br>RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION;<br>NO FURTHER ACCUMULATION ANTICIPATED. |  |  |                    |   |  |  |             |  |                  |                         |  |
| 8. Inclusive Dates  |  |  |                    | 9. EXACT SERIES TITLE<br><br>Obsolete Office Records  |  |  |             |  |                  |                         |  |
| 10. What function performed resulted in creation of this series<br><br>Obsolete office records which are not of any historical, administrative, or legal value to the department.<br><br>See attached list.                         |  |  |                    |   |  |  |             |  |                  |                         |  |
| 11. DESCRIPTION OF SERIES - Include Form No. & Form Title, if any   |  |  |                    |   |  |  |             |  |                  |                         |  |
|   |  |  |                    |   |  |  |             |  |                  |                         |  |
| 12.   |  |  |                    |   |  |  |             |  |                  |                         |  |
| EQUIPMENT OCCUPIED  |  | No. of Drawers   | Cu. Ft. of Records | ANNUAL RATE OF ACCUMULATION   |  | No. of Drawers                               |             | Cu. Ft. of Records                     |                  |                         |  |
| Letter-size File Drawers  |  |  |                    |   |  |  |             |  |                  |                         |  |
| Legal-size File Drawers   |  |  |                    | Floor Space Occupied (Square Feet)  |  | In Office(s)                                 |             | In Storage Area(s)                     |                  |                         |  |
| Open shelves  |  | 140  | 256                | By Annual Accumulation  |  | This Year's                                  | Last Year's | Preceding Year's                       | All Prior Years' |                         |  |
| IBM Cards Files   |  | 436  | 145                | AVERAGE DAILY REFERENCES  |  |  |             |  |                  |                         |  |

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☐ YES ☒ NO
14. Is there a duplication of this series in another office or agency? ☐ YES ☒ NO
15. Is the information contained in this series ever summarized or published? ☐ YES ☒ NO
16. Does the series contain classified information requiring security handling? ☐ YES ☒ NO
17. Does the series document policies and procedures of agency's operation or function? ☐ YES ☒ NO
18. Could the function be performed if the files were lost or destroyed? ☒ YES ☐ NO
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ YES ☒ NO
20. Does the record series provide data as input to an EDP file? ☐ YES ☒ NO
21. Does the record series contain documentation produced as EDP printout? ☐ YES ☒ NO
22. Is the series affected by Federal or grant funds? ☐ YES ☒ NO
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ YES ☒ NO

24. REQUIREMENTS. The following requires the files to be kept \_\_\_\_\_ years:

a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☐ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

May be destroyed - obsolete material

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER \_\_\_\_\_, then:

A. ☐ Destroy immediately after cut off.

X B. ☐ Hold in current files area \_\_\_\_\_ month(s) / \_\_\_\_\_ year(s), then:

1 ☐ Destroy.

2 ☐ Transfer to records center; hold \_\_\_\_\_ year(s), then:

a ☐ Destroy.

b ☐ Transfer historical material to Archives; destroy remainder.

3 ☐ Destroy after audit (or \_\_\_\_\_ year(s) after audit).

C. ☐ Hold in current files area indefinitely.

D. ☐ Hold in current files area \_\_\_\_\_ year(s), then transfer to Archives permanently.

E. ☐ Other

(Indicate briefly rationale for recommendations above/or write additional remarks):

obsolete material - may be destroyed

**(ATTACH SAMPLES OF THE SERIES WHEN POSSIBLE)**

26. Inventory taken by

Recommendations prepared by

Approved for Division Date

Records Management Officer Date

Recommendations

in Paragraph 25

are:

☐ Approved ☐ Disapproved

☒ Approved ☐ Disapproved

☒ Approved ☐ Disapproved

☒ Approved ☐ Disapproved

Head of Agency *John H. Venable, M.D.*

Director, Archives & History

Secretary of State

Governor of Georgia

Date

Date

Date

Date

12-31-71

1-3-72

1-3-72